Fill	ill in this information to identify your case:			
Del	Pebtor 1 Alex DeRosa First Name Middle Name Last Name			
Del	First Name Middle Name Last Name  Debtor 2 Jennifer DeRosa			
(Spc	Spouse if, filing) First Name Middle Name Last Name			
Uni	Inited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Cas	ase number 8-16-73996			
(if kr	known)		_	if this is an ded filing
			amend	dea ming
∩f	Official Form 106Sum			
	ummary of Your Assets and Liabilities and Certain Statis	stical Information	,	12/15
Be a info you	e as complete and accurate as possible. If two married people are filing together, bot formation. Fill out all of your schedules first; then complete the information on this four original forms, you must fill out a new <i>Summary</i> and check the box at the top of t	h are equally responsible foorm. If you are filing amende	or supplyin	g correct
Par	art 1: Summarize Your Assets			
			Your as	ssets of what you own
1.	. Schedule A/B: Property (Official Form 106A/B)			,
••	1a. Copy line 55, Total real estate, from Schedule A/B		\$	330,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	123,990.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	453,990.00
Par	art 2: Summarize Your Liabilities			
				abilities t you owe
2.	. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page	ge of Part 1 of <i>Schedule D</i>	\$	573,300.00
3.	. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Sched	ule E/F	\$	3,262.32
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Sch	nedule E/F	\$	9,587.37
		Your total liabilities	\$	586,149.69
Par	art 3: Summarize Your Income and Expenses			
4.				
	Copy your combined monthly income from line 12 of Schedule I		\$	6,849.00
5.	. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	6,298.00
Par	art 4: Answer These Questions for Administrative and Statistical Records			
6.	. Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit	this form to the court with you	ur other sch	nedules.
7.	■ Yes . What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes		a personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 2	Jennifer DeRosa	Case number (if known) 8-16-739	96
8. <b>Fro</b>	om the Statement of Your Current Monthly Income: Co	ppy your total current monthly income from Official Form	

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,954.00

#### 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Alex DeRosa

From Part 4 on Schedule E/F, copy the following:	Total clair	n
Troill Fait 4 on Schedule Lif, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,262.32
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	3,262.32

2.	Add the dol	lar value of the por	tion you own fo	r all of your	entries from Part 1, includi	ng any entries for		
	Suffolk County			Deb Deb At le	tor 1 only tor 2 only tor 1 and Debtor 2 only teast one of the debtors and anoth rmation you wish to add about lentification number:	er	t if this is com	munity property
				Othe	eshare  or  n interest in the property? Chec	(such as for k one a life estat	e the nature of your ownership interest s fee simple, tenancy by the entireties, or tate), if known.	
	Miller Pla	ce NY State	11764-0000 ZIP Code	Land	stment property	Current va entire prop \$33		Current value of the portion you own? \$330,000.00
	7 Hemlock Drive Street address, if available, or other description			☐ Dup	lle-family home lex or multi-unit building dominium or cooperative	the amount	of any secure	nims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i>
	No. Go to Pa		itable interest in a		building, land, or similar property? Check all that apply	erty?		
think infor	it fits best. E mation. If mo	Be as complete and ac re space is needed, at stion.	ccurate as possibl tach a separate sh	e. If two marri neet to this fo	once. If an asset fits in more the ed people are filing together, b rm. On the top of any additiona e You Own or Have an Interest	oth are equally resp I pages, write your r	onsible for su	pplying correct
		orm 106A/B le A/B: Pro	operty					12/15
Cas	e number	8-16-73996						☐ Check if this is an amended filing
Unit	ted States Ba	ankruptcy Court for the	he: EASTERN	DISTRICT O	F NEW YORK			
	otor 2 use, if filing)	Jennifer DeRo		Name	Last Name			
	otor 1	Alex DeRosa First Name	Middle	Name	Last Name			
l Der								

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt Debt		lex DeRosa ennifer DeR			Case number (if known)	8-16-	73996
		, trucks, tract	ors, sport utility ve	hicles, motorcycles			
-	Yes						
3.1	Make:	GMC		Who has an interest in the property? Check one			ms or exemptions. Put
	Model:	Acadia		☐ Debtor 1 only			claims on <i>Schedule D:</i> s <i>Secured by Property.</i>
	Year:	2015		☐ Debtor 2 only			
	Approxir	nate mileage:	9,000 approx.	■ Debtor 1 and Debtor 2 only	Current value of tentire property?		Current value of the portion you own?
		formation:	прр. од.	☐ At least one of the debtors and another			,,
	Lease	d vehicle			\$30,000	. 00	\$30,000.00
				☐ Check if this is community property (see instructions)	<del></del>	.00	\$30,000.00
3.2	Make:	Buick		Who has an interest in the property? Check one			ms or exemptions. Put claims on Schedule D:
	Model:	Century		■ Debtor 1 only			s Secured by Property.
	Year:	2003		☐ Debtor 2 only			
	Approxir	nate mileage:	80,000 approx.	☐ Debtor 1 and Debtor 2 only	Current value of tentire property?		Current value of the portion you own?
		formation:	ирргох.	☐ At least one of the debtors and another	cilino proporty i		portion you omit.
	Husba	nd's name o	on title	☐ Check if this is community property	\$2,500	.00	\$2,500.00
				(see instructions)			
□ 5 <b>A</b>				n for all of your entries from Part 2, including that number here			\$32,500.00
	<b>-</b>						
			nal and Household Ite egal or equitable in	ems terest in any of the following items?		<b>po</b> Do	urrent value of the ortion you own? o not deduct secured aims or exemptions.
<i>E.</i>	xamples: No	goods and for Major appliant	urnishings ces, furniture, linens	, china, kitchenware			·
			Household good	ds and furnishings of nominal value			\$1,000.00
			Troubbillera goo	ao ana ramisimigo or nominar valuo			<b>4</b> 1,000100
<i>E</i> .	No	Televisions ar including cell		eo, stereo, and digital equipment; computers, prir nedia players, games	nters, scanners; music c	ollection	ns; electronic devices
	Yes. De	escribe					
			Miscellaneous e	electronics			\$750.00

	ebtor 1 ebtor 2	Alex DeRosa Jennifer DeRosa	Case number (if known)	8-16-73996
8.	Example	bles of value es: Antiques and figurines; paintings, prints, other collections, memorabilia, collectibl	or other artwork; books, pictures, or other art objects; stamp, coin les	, or baseball card collections;
	■ No □ Yes.	Describe		
9.	Example ■ No	ent for sports and hobbies es: Sports, photographic, exercise, and othe musical instruments  Describe	er hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10.	Firearn Examp		nd related equipment	
11.	□ No	s  oles: Everyday clothes, furs, leather coats, d  Describe	lesigner wear, shoes, accessories	
		Wearing apparel of n	ominal value	\$800.00
		3.17		
	■ No □ Yes.  Non-fa Examp	Diles: Everyday jewelry, costume jewelry, eng Describe rm animals Diles: Dogs, cats, birds, horses	gagement rings, wedding rings, heirloom jewelry, watches, gems, g	gold, silver
14.	Any ot	Describe  her personal and household items you d  Give specific information	id not already list, including any health aids you did not list	
15		he dollar value of all of your entries from art 3. Write that number here	Part 3, including any entries for pages you have attached	\$2,550.00
Pa	art 4: Des	scribe Your Financial Assets		
D	o you ow	vn or have any legal or equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No	oles: Money you have in your wallet, in your	home, in a safe deposit box, and on hand when you file your petit	on
17.		its of money  oles: Checking, savings, or other financial acide institutions. If you have multiple account	eccounts; certificates of deposit; shares in credit unions, brokerage nts with the same institution, list each.	houses, and other similar
			Institution name:	
		17.1. checking	People's Alliance Bank	\$600.00

	ebtor 1 ebtor 2	Jennifer DeF				Case number (if known)	8-16-73996
			17.2.	2 savings	People's Alliance Bank	k	\$20.00
18.				ely traded stocks ent accounts with bro	okerage firms, money market acco	unts	
				Institution or issuer	name:		
19.	Non-pu joint ve ■ No		ock and	interests in incorp	orated and unincorporated busi	nesses, including an interes	t in an LLC, partnership, and
		Give specific info		about them me of entity:		% of ownership:	
20.	Negotia Non-ne	able instruments	include pents are	personal checks, cas those you cannot tra about them	otiable and non-negotiable instrushiers' checks, promissory notes, a ansfer to someone by signing or de	and money orders.	
				uer name:			
21.		ent or pension les: Interests in I			403(b), thrift savings accounts, or o	other pension or profit-sharing	plans
	Yes. I	ist each accoun		ely. of account:	Institution name:		
			401k		401k with Brokerage F	inancial Solutions	\$88,320.00
22.	Your sh		d deposit	s you have made so	o that you may continue service or public utilities (electric, gas, water)		nies, or others
	■ No				Institution name or individu	al:	
23.			r a perio	dic payment of mone	ey to you, either for life or for a nun	nber of years)	
	■ No □ Yes	ls	suer nam	e and description.			
24.	Interest				qualified ABLE program, or unde	r a qualified state tuition pro	ogram.
	☐ Yes	In:	stitution r	name and descriptio	on. Separately file the records of an	y interests.11 U.S.C. § 521(c)	:
25.	Trusts,	equitable or fu	ture inte	rests in property (c	other than anything listed in line	1), and rights or powers exe	ercisable for your benefit
	_	Give specific info	ormation	about them			
26.					nd other intellectual property eds from royalties and licensing ago	reements	
	_	Give specific info	ormation	about them			
27.				r general intangible lusive licenses, coop	les perative association holdings, liquo	or licenses, professional licens	es
	_	Give specific info	ormation	about them			
M	oney or p	property owed t	o you?				Current value of the portion you own?  Do not deduct secured

	ebtor 1 ebtor 2	Alex DeRosa Jennifer DeRosa		Case number (if known)	8-16-73996
			_		claims or exemptions.
28.	■ No	unds owed to you  Give specific information about them, inc	uding whether you already filed the returns	and the tax years	
29.	■ No		sal support, child support, maintenance, div	orce settlement, property	settlement
30	Examp  ■ No	mounts someone owes you  les: Unpaid wages, disability insurance p benefits; unpaid loans you made to  Give specific information	ayments, disability benefits, sick pay, vacat someone else	tion pay, workers' comper	nsation, Social Security
31.		ts in insurance policies les: Health, disability, or life insurance; h	ealth savings account (HSA); credit, homeo	owner's, or renter's insurar	nce
	☐ Yes. I	Name the insurance company of each po Company name:	licy and list its value. Benefic	ciary:	Surrender or refund value:
32.	If you a someo	erest in property that is due you from the beneficiary of a living trust, expect he has died.  Give specific information	someone who has died proceeds from a life insurance policy, or ar	re currently entitled to rece	eive property because
33.	Examp  ■ No	against third parties, whether or not y les: Accidents, employment disputes, ins	ou have filed a lawsuit or made a deman urance claims, or rights to sue	nd for payment	
34.	■ No	ontingent and unliquidated claims of  Describe each claim	every nature, including counterclaims of	the debtor and rights to	set off claims
35.	■ No	ancial assets you did not already list Give specific information			
36		-	om Part 4, including any entries for pages	•	\$88,940.00
Pa	art 5: Des	cribe Any Business-Related Property You	Own or Have an Interest In. List any real estate	∍ in Part 1.	
	No. Go		n any business-related property?		
	<b>⊔</b> Yes. G	o to line 38.			
Pa		scribe Any Farm- and Commercial Fishing-to own or have an interest in farmland, list it in	telated Property You Own or Have an Interest Part 1.	ln.	
46	■ No.	Go to Part 7.	erest in any farm- or commercial fishing	-related property?	
	☐ Yes.	Go to line 47.			

Debtor 1 Debtor 2 Debtor 2 Debtor 2 Debtor 2				Case number (if known)	8-16-73996	
Part	7: Describe All Property Yo	น Own or Have an Interest in That You	ı Did Not List Above			
•	Do you have other property of Examples: Season tickets, cour No ☐ Yes. Give specific information	,	?			
54.	Add the dollar value of all of	your entries from Part 7. Write th	at number here		\$0.00	
Part	List the Totals of Each Pa	rt of this Form				
55.	Part 1: Total real estate, line	2			\$330,000.00	
56.	Part 2: Total vehicles, line 5		\$32,500.00			
57.	Part 3: Total personal and ho	usehold items, line 15	\$2,550.00			
58.	Part 4: Total financial assets	, line 36	\$88,940.00			
59.	Part 5: Total business-relate	d property, line 45	\$0.00			
60.	Part 6: Total farm- and fishin	g-related property, line 52	\$0.00			
61.	Part 7: Total other property r	ot listed, line 54 +	\$0.00			
62.	Total personal property. Add	lines 56 through 61	\$123,990.00	Copy personal property to	stal \$123,990.00	
63.	Total of all property on Sche	dule A/B. Add line 55 + line 62			\$453,990,00	

Fill in this info	rmation to identify your	case:		
Debtor 1	Alex DeRosa			
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer DeRosa			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK	
Case number	8-16-73996			
if known)				☐ Check if this is an
				amended filing

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	5.C. § 522(D)(3)							
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption						
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.							
	Household goods and furnishings of nominal value	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)						
	Line from Schedule A/B: <b>6.1</b>			100% of fair market value, up to any applicable statutory limit							
	Miscellaneous electronics Line from Schedule A/B: 7.1	\$750.00		\$750.00	11 U.S.C. § 522(d)(3)						
	Line Iron Schedule A.D. 111			100% of fair market value, up to any applicable statutory limit							
	Wearing apparel of nominal value Line from Schedule A/B: 11.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)						
	Elle Holli ochedate Adb. TTT			100% of fair market value, up to any applicable statutory limit							
	checking: People's Alliance Bank	\$600.00		\$600.00	11 U.S.C. § 522(d)(5)						
	Line from ocheque AB. TTT			100% of fair market value, up to any applicable statutory limit							
	2 savings: People's Alliance Bank Line from Schedule A/B: 17.2	\$20.00		\$20.00	11 U.S.C. § 522(d)(5)						
	Line nom ochedule AVD. 11.2			100% of fair market value, up to any applicable statutory limit							

Debtor 1 Debtor 2	Jennifer DeRosa			Case number (if known)	8-16-73996
	description of the property and line on dule A/B that lists this property	Current value of the portion you own	portion you own  Copy the value from Check only one box for each exemption.		Specific laws that allow exemption
		Copy the value from Schedule A/B			
	k: 401k with Brokerage Financial	\$88,320.00	•	100%	11 U.S.C. § 522(d)(10)(E)
	from Schedule A/B: 21.1	100% of fair market value, up to any applicable statutory limit			
	you claiming a homestead exemption of ject to adjustment on 4/01/19 and every 3 No  Yes. Did you acquire the property covered No  No	3 years after that for ca	ses filed on or a	,	,

Fill in this inform				
Debtor 1	Alex DeRosa			
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer DeRosa			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F NEW YORK	
Case number 8	-16-73996			
(if known)		<del></del>		Check if this is an amended filing

### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 GM Financial Leasing 75 Remittance Drive Suite 1738 Chicago, IL 60675 Leased 2015 GMC Acadia

Fill in this	s information to identify your	case:			
Debtor 1	Alex DeRosa				
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer DeRosa		Last Nama		
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK		
Case num	nber <b>8-16-73996</b>				
(if known)	0 10 7000				☐ Check if this is an
					amended filing
O((; - ; -	.l				
	al Form 106H				
Sched	dule H: Your Cod	lebtors			12/15
1. Do  1. Do  No  Ye  2. Wift Arizon  No  Ye  3. In Co	e and case number (if known you have any codebtors? (If s s thin the last 8 years, have yo na, California, Idaho, Louisiana b. Go to line 3. s. Did your spouse, former spoulumn 1, list all of your codeb	). Answer every question you are filing a joint case, u lived in a community p , Nevada, New Mexico, P use, or legal equivalent liv	n.  do not list either spouse  property state or territor uerto Rico, Texas, Wash  we with you at the time?	as a codebtor.  y? (Community propertington, and Wisconsin.)  if your spouse is filin	
Form				6G). Use Schedule D,	Schedule E/F, or Schedule G to fil editor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedule	•
3.1				☐ Schedule D, lin	AP
3.1	Name			_ ☐ Schedule E, IIII	
				☐ Schedule G, lir	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, lin	ne.
0.2	Name			_ ☐ Schedule E, IIII	
				☐ Schedule G, lir	
	Number Street			<u> </u>	
	City	State	ZIP Code		

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Fill in this informa	tion to identify your case:	
Debtor 1	Alex DeRosa	
Debtor 2 (Spouse, if filing)	Jennifer DeRosa	
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF NEW YORK	
Case number (If known)	8-16-73996	Check if this is:  An amended filing  A supplement showing postpetition chapter
Official Fo	orm 106I	13 income as of the following date:  MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed
	employers.	Occupation	Production Manager		Administrative Support
	Include part-time, seasonal, or self-employed work.	Employer's name	Wilen Media		C-Tech Collections
	Occupation may include student	Employer's address			
	or homemaker, if it applies.		Farmingdale, NY 11735		Mount Sinai, NY 11766
		How long employed th	nere?	Since 6/13/16	Since 6/27/16

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,202.00 \$ 2,752.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

	otor 1 otor 2	Alex DeRosa Jennifer DeRosa	_	,	Case	number (if k	nown)	8-1	16-73996	i	
	Cor	y line 4 here	4.		For \$	Debtor 1	2 00		or Debtor on-filing s		
		y lille + fiele			· –	0,20		,		,, 02.00	<u>-</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$_	1,55	4.00	\$		551.00	<u>)                                    </u>
	5b.	Mandatory contributions for retirement plans	5b		\$_		0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50		\$_		0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	50		\$_		0.00	\$		0.00	_
	5e.	Insurance	5e		\$_		0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		0.00	_
	5g.	Union dues	5g		\$_		0.00	\$		0.00	
	5h.	Other deductions. Specify:	_ 5n	1.+	\$_	(	0.00	+ \$		0.00	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,55	4.00	\$		551.00	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,64	8.00	\$	2	,201.00	<u>)                                    </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1.	\$	,	0.00	\$		0.00	
	8b.	Interest and dividends	8b		\$		0.00	\$		0.00	_
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8c 8c		\$_ \$_		0.00	\$		0.00	_
	8e.	Social Security	86	€.	\$		0.00	\$		0.00	)
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$_		0.00	\$		0.00	_
	8g.	Pension or retirement income	89		\$_		0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$_	-	0.00	+ \$		0.00	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$		0.00	\$		0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		4,648.00	+ \$	•	2,201.00	= \$	6,849.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť –		7,070.00	*		L,201.00		0,043.00
11.	Incl othe	e all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe						n Schedul	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								\$	6,849.00
										Combi	ned ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								., moonie
		Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

Debtor 1 Alex DeRosa	Fill in this in	oformation to identify ye	our occo:							
Debtor 2  Jennifer DeRosa  Spouse, if filing)  Deficial Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying corniformation. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and conumber (if known). Answer every question.  Part 1: Describe Your Household  Is this a joint case?  No. Go to line 2  Yes. Does Debtor 2 live in a separate household?  No Do not list Debtor 1 and Py se. Pill out this information for Debtor 2.  Do you have dependents?  Do not state the dependents names.  Dependent's relationship to Dependent's age with you?  Do not state the dependents names.  Daughter  9   No No No No Yes.  Son   11   Yes.  Son   11   Yes.  No No No Yes.  Destinate your dependents?  Include expenses as of vote bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to rexpenses as of vote bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061).  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.						O.	: £ 41. :	-:		
A supplement showing postpetition or (Spouse, if filling)   A supplement showing postpetition or 13 expenses as of the following date	Deplor	Alex DeRosa	1			Cr				
Case number 8-16-73996  (if known)  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corn information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and ce number (if known). Answer every question.  Part 1: Describe Your Household  Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Go to line 2.  Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  Do you have dependents? No. Do not list Debtor 1 and Yes. Fill out this information for each dependent			losa				A sup	plement show		oter
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying corrinformation. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of any additional pages, write your name and control to the top of the t	United States	s Bankruptcy Court for the	: EASTERI	N DISTRICT OF NEW YO	ORK		MM / I	OD / YYYY		
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corn information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and countries (if known). Answer every question.    Part   Describe Your Household		r <u>8-16-73996</u>								
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corn information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and can number (if known). Answer every question.    Part   Describe Your Household	Officia	l Form 106J								
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and columber (if known). Answer every question.  Part ! Describe Your Household  Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  Do you have dependents?  No.  Do not list Debtor 1 and Yes.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  Son  111  Yes.  No.  Yes.  Yes.  No.  Yes.  Your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to respenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to respenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first montgage payments and any rent for the ground or lot.	Sched	lule J: Your l	Expens	ses						12/15
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents? No Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Daughter  Da	information number (if  Part 1:  1. Is this	n. If more space is ne known). Answer ever Describe Your House a joint case?  Go to line 2.  S. Does Debtor 2 live	eded, attach ry question. ehold	h another sheet to this						
Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  Down of tate the dependents names.  Daughter  No Yes  No No No Yes  No No Yes  No No No Yes  No No Yes  No No Yes  No No Yes  No No No Yes  No No Yes  No No Yes  No No Yes  No No No Yes  No No Yes  No No No No Yes  No No No Yes  No No No Yes  No No No Yes  No		=	st file Official	l Form 106J-2, <i>Expenses</i>	for Separate House	ehold of D	ebtor 2.			
Debtor 2.  Do not state the dependents names.  Daughter  No  Yes  No  Yes  No  Yes  No  Yes  Daughter  No  No  Yes  No  No  Yes  Daughter  No  No  Yes  No  Yes  Daughter  No  Yes  No  Yes  Daughter  No  Yes  No  Yes  Daughter  Yes  Yes  Daughter  No  Yes  No  Yes  Daughter  Your expenses  Daughter  No  No  No  Your expenses  Daughter  No  No  Your expenses  A \$ 3,131.00	2. <b>Do yo</b>	u have dependents?	☐ No							
dependents names.    Daughter   9   Yes   No   No   No   No   Yes   No   No   Yes   No			W   1 CO.					•	Does dependent live with you?	
Son 11 Yes No No Yes Yes No Yes No Yes Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Yes No Yes Yes Yes No Yes			Daughter		9					
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to r expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fil applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$					Son			<u> </u>	Yes No Yes	
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to r expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fil applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 3,131.00	expen	ses of people other the	han 🗂 Y							
the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 3,131.00	Estimate ye expenses a	our expenses as of your expenses as of your expenses as of a date after the b	our bankrup	otcy filing date unless y						
payments and any rent for the ground or lot.  4. \$	the value of	of such assistance and						Your exp	enses	
If not included in line 4:					nclude first mortgage	e 4.	\$		3,131.00	
	If not	included in line 4:								
4a. Real estate taxes 4a. \$ 0.00	4a.	Real estate taxes				4a.	\$		0.00	
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00							·		0.00	
4c. Home maintenance, repair, and upkeep expenses  4c. \$  0.00										
4d. Homeowner's association or condominium dues 4d. \$ 0.00  5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00					me equity loans					

ebtor 1 ebtor 2	Alex DeRosa	Casa numb	or (if Imauum)	8-16-73996
ebioi 2	Jennifer DeRosa	Case numb	er (if known)	0 10 70000
i. Utili	ties.			
6a.	Electricity, heat, natural gas	6a.	\$	420.00
6b.	Water, sewer, garbage collection	6b.	\$	20.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	517.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies		\$	800.00
	dcare and children's education costs		\$	0.00
	hing, laundry, and dry cleaning		\$	150.00
	sonal care products and services		\$	50.00
	ical and dental expenses		\$	50.00
	sportation. Include gas, maintenance, bus or train fare.		<b>—</b>	00.00
	not include car payments.	12.	\$	300.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
. Cha	ritable contributions and religious donations	14.	\$	0.00
. Insu	rance.			
Do r	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.		0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	215.00
15d.	Other insurance. Specify:	15d.	\$	0.00
. Taxe Spec	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16.	\$	0.00
. Inst	allment or lease payments:	_		
	Car payments for Vehicle 1 car lease (GM Financial)	17a.	\$	360.00
17b.	Car payments for Vehicle 2 car loan (Wells Fargo)	17b.	\$	185.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
. Oth	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scheo			
20a.	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	er: Specify:	21.	+\$	0.00
0-1	vilate valus manthly aymanaa			
	culate your monthly expenses		\$	6 200 00
	Add lines 4 through 21.		Ψ	6,298.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	6,298.00
Calc	culate your monthly net income.	L		
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,849.00
			·	
∠3D.	Copy your monthly expenses from line 22c above.	23b.	-φ	6,298.00
	Subtract your monthly expenses from your monthly income.			<u> </u>
230				FF4 00
23c.	The result is your <i>monthly net income</i> .	23c.	\$	551.00

Fill in this inf	ormation to identify your	case:				
Debtor 1	Alex DeRosa					
	First Name	Middle Name	Las	st Name		
Debtor 2	Jennifer DeRosa First Name	Middle Name	Lac	4 None		
(Spouse if, filing)	First Name	Middle Name	Las	st Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YO	RK		
Case number	8-16-73996					
(if known)						☐ Check if this is an amended filing
You must file to btaining more years, or both	ney or property by fraud ir . 18 U.S.C. §§ 152, 1341, 1	e bankruptcy schedules connection with a bank	s or amende	ed sche	edules. Making a false sta	tement, concealing property, or 100, or imprisonment for up to 20
S	ign Below					
Did you	pay or agree to pay some	one who is NOT an atto	rney to help	you fil	Il out bankruptcy forms?	
■ No						
☐ Yes	. Name of person					nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and s	chedul	les filed with this declarat	ion and
X /s/ A	lex DeRosa		х	/s/ Je	ennifer DeRosa	
Alex	DeRosa			Jenn	ifer DeRosa	
Signa	ature of Debtor 1			Signa	ture of Debtor 2	
Date	September 12, 2016			Date	September 12, 2016	

F	ill in this inforr	nation to identify you	r case:			
D	ebtor 1	Alex DeRosa				
		First Name	Middle Name	Last Name		
1	ebtor 2	Jennifer DeRosa		Loct Nama		
(5	pouse if, filing)	FIRST Name	Middle Name	Last Name		
U	nited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
c	ase number	8-16-73996				
(if	known)					Check if this is an
						mended filing
O	Official Fo	rm 107				
S	tatement	of Financial	Affairs for Individ	duals Filing for B	Bankruptcy	4/10
inf	iormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write yo	
P	art 1: Give I	Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	✓ Married Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	<b>✓</b> No					
	Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	٧.	
	Debtor 1 Pr	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
<b>3.</b> sta					nity property state or territor ico, Texas, Washington and V	
	✓ No Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
P	art 2 Expla	in the Sources of You	r Income			
4.	Fill in the total If you are filing.	al amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$23,980.00	✓ Wages, commissions, bonuses, tips	\$10,014.00
			Operating a business		Operating a business	
	or last calenda January 1 to De	ır year: ecember 31, 2015 )	✓ Wages, commissions, bonuses, tips	\$95,422.00	✓ Wages, commissions, bonuses, tips	\$8,635.00
			Operating a business		Operating a business	

Official Form 107

	ex DeRosa ennifer DeF				Cas	e number ( <i>if known</i> )	8-16-739	96	
			Debtor 1			Debtor 2			
			Sources of inco	ply. (be	oss income fore deductions and clusions)	Sources of inc		Gross income (before deductions and exclusions)	
			✓ Wages, commodule to the commodule of the commodule	nissions,	\$32,245.00	✓ Wages, combonuses, tips	nmissions,	\$8,027.00	
			Operating a b	usiness		Operating a	business		
Include include and other winnings.  List each	come regard public benef If you are fili	lless of wheth fit payments; ng a joint cas he gross inco	ner that income is ta pensions; rental inc se and you have inc	exable. Examples come; interest; di come that you re- rce separately. D	ious calendar years? s of other income are a vidends; money collec- ceived together, list it o o not include income t	alimony; child supported from lawsuits; only once under Do	royalties; an ebtor 1. ne 4.		
			Describe below.	eac (be	ch source fore deductions and clusions)	Describe below		(before deductions and exclusions)	
From January			Unemploymen	t	\$5,525.00				
	r Debtor 1's Neither De	or Debtor 2 ebtor 1 nor E	Made Before You 's debts primarily Debtor 2 has prima personal, family, o	consumer debt	s? lebts. Consumer debt	's are defined in 11	U.S.C. § 10	1(8) as "incurred by a	
	During the	90 days befo		kruptcy, did you	pay any creditor a tota	ıl of \$6,425* or mo	re?		
	☐ Yes	paid that cr		de payments for	al of \$6,425* or more added to the desired and				
	•	,		, ,	that for cases filed on	or after the date of	of adjustment		
✓ Yes.			r both have prima re you filed for ban		lebts. pay any creditor a tota	al of \$600 or more?	?		
	☐ No. ✓ Yes	include pay	each creditor to who	support obligation	al of \$600 or more and ons, such as child sup				
Creditor	's Name and	d Address	Dates	of payment	Total amount paid	Amount you still owe	Was this p	payment for	
PO Box	argo Deale : 17900 , CO 80217		6/16-	8/16	\$555.00	\$11,700.00			

Official Form 107

Debtor :			Cas	se number (if known)	8-16-73996	
Cr	reditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payr	nent for
75 Տւ	M Financial Leasing 5 Remittance Drive uite 1738 hicago, IL 60675	6/16/ - 8/16	\$1,080.00	\$30,000.00	Mortgage  ✓ Car Credit Card Loan Repa Suppliers o ✓ Other Lea	yment r vendors
<i>Insi</i> of v a b	thin 1 year before you filed for bankrul iders include your relatives; any general which you are an officer, director, person usiness you operate as a sole proprietor nony.	partners; relatives of any ger in control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general p ny managing age	partner; corporation int, including one for
<b>✓</b>	No Yes. List all payments to an insider.					
Ins	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
ins	thin 1 year before you filed for bankrul ider? lude payments on debts guaranteed or co		ments or transfer a	any property on a	eccount of a debi	t that benefited a
Ins	Yes. List all payments to an insider sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Part 4:	Identify Legal Actions, Repossessi	one and Forcelecures	paiu	Still OWE	include credito	1 3 Hame
List	thin 1 year before you filed for bankrup t all such matters, including personal inju difications, and contract disputes. No Yes. Fill in the details.		s, divorces, collection	on suits, paternity a	actions, support o	r custody
	ase title ase number	Nature of the case	Court or agency		Status of the	case
	thin 1 year before you filed for bankrupeck all that apply and fill in the details bel		erty repossessed, f	oreclosed, garnis	shed, attached, s	seized, or levied?
	Yes. Fill in the information below.	Describe the Branchton		Data		Value of th
Cr	editor Name and Address	Describe the Property  Explain what happene	al.	Date		Value of the propert
	thin 90 days before you filed for bankr counts or refuse to make a payment be No Yes. Fill in the details.	uptcy, did any creditor, inc		nancial institution	n, set off any am	ounts from your
Cr	reditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amoun
	thin 1 year before you filed for bankru urt-appointed receiver, a custodian, or		erty in the possess			of creditors, a
<b>√</b>	No Yes					

	otor 1 otor 2	Alex DeRosa Jennifer DeRosa			Case number (if kn	own) <b>8-16-73996</b>	6
Pa	t 5:	List Certain Gifts and Contributions	s				
13.	<u>√</u> N	n 2 years before you filed for bankru lo 'es. Fill in the details for each gift.	ıptcy, did you	give any gifts with a tota	I value of more than	\$600 per person?	?
	per p	with a total value of more than \$60 erson on to Whom You Gave the Gift and ess:	0 Desc	ribe the gifts		ates you gave ne gifts	Value
14.	Withir ✓ N	n <b>2 years before you filed for bankru</b> No Yes. Fill in the details for each gift or co		give any gifts or contribu	utions with a total va	lue of more than	\$600 to any charity?
	Gifts more Chari	or contributions to charities that to than \$600 ity's Name ess (Number, Street, City, State and ZIP Code	otal Desc	ribe what you contribute		ates you ontributed	Value
Pai		List Certain Losses					
15.	or gar ✓ N	n 1 year before you filed for bankrupnbling? No Yes. Fill in the details.	otcy or since y	ou filed for bankruptcy,	did you lose anythin્	g because of thef	t, fire, other disaster,
	Desc	ribe the property you lost and the loss occurred	Include the am	insurance coverage for to nount that insurance has parties on line 33 of Schedule 2	aid. List pending	ate of your oss	Value of property lost
Pai	t 7:	List Certain Payments or Transfers	i				
16.	Include	n 1 year before you filed for bankrupulted about seeking bankruptcy or pee any attorneys, bankruptcy petition pole.  No Yes. Fill in the details.	reparing a ba	nkruptcy petition?			rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		trans	ription and value of any ր ferred	. ,	ate payment r transfer was nade	Amount of payment
	3100	Pressman, Attorney At Law Veterans Hwy. emia, NY 11716	Atto	rney Fees/costs	8,	/29/16	\$3,500.00
17.	promi	n 1 year before you filed for bankrup sed to help you deal with your cred t include any payment or transfer that	litors or to ma	ke payments to your cred		ansfer any prope	rty to anyone who
	=	lo 'es. Fill in the details.					
	Perso Addr	on Who Was Paid ess		ription and value of any p ferred	0	ate payment r transfer was	Amount of payment

De	btor 2 Jennifer DeRosa			Case number	(if known) 8-16	-73996	
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No  Yes. Fill in the details.	ness or financial affa as security (such as the	irs? ne granting of a				
	Person Who Received Transfer Address	Description and va		payments	any property o		Date transfer was made
	Person's relationship to you			paid in ex	cchange		
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect № No Yes. Fill in the details.		y property to a	self-settled tr	ust or similar o	device of	which you are a
	Name of trust	Description and va	alue of the prop	perty transfer	red		Date Transfer was made
Pa	rt 8: List of Certain Financial Accounts, Instru	uments. Safe Deposit	Boxes, and Sto	orage Units			
		•				_	
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associate	other financial accoun	ts; certificates	of deposit; s		-	
	<ul> <li>✓ No</li> <li>Yes. Fill in the details.</li> </ul>	nons, and other iman	ciai ilistitutioni	<b>.</b>			
		ast 4 digits of ecount number	Type of account instrument	cl m	ate account wa osed, sold, oved, or ansferred	IS	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for	bankruptcy, ar	y safe depos	it box or other	deposito	ory for securities,
	<ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had accordance Address (Number, St State and ZIP Code)		Describe the	contents		Do you still have it?
22.	Have you stored property in a storage unit or p	place other than your	home within 1	year before y	ou filed for bai	nkruptcy	?
	<ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents		Do you still have it?
Pa	rt 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that some for someone.	one else owns? Inclu	de any propert	y you borrow	ed from, are st	toring fo	r, or hold in trust
	<ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proportion (Number, Street, City, St Code)		Describe the	property		Value
Pa	rt 10: Give Details About Environmental Inform	nation					
For	the purpose of Part 10, the following definitions	s apply:					
<b>√</b>	Environmental law means any federal, state, or toxic substances, wastes, or material into the a						
J	regulations controlling the cleanup of these su Site means any location, facility, or property as	ıbstances, wastes, or	material.			_	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Debtor 1 Alex DeRosa

page 5

	btor 1 Alex DeRosa btor 2 Jennifer DeRosa		Case number (if known)	8-16-73996
<b>✓</b>	to own, operate, or utilize it, including dispose Hazardous material means anything an envir hazardous material, pollutant, contaminant, of	onmental law defines as a hazardous or similar term.		ostance, toxic substance,
Rep	oort all notices, releases, and proceedings that	you know about, regardless of wher	they occurred.	
24.	Has any governmental unit notified you that y	you may be liable or potentially liable	under or in violation of	of an environmental law?
	<ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law	v, if you Date of notice
25.		ny release of hazardous material?		
	✓ No  Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law	v, if you Date of notice
26.		nistrative proceeding under any envi	ronmental law? Includ	e settlements and orders.
	<ul><li>✓ No</li><li>Yes. Fill in the details.</li></ul>			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	rt 11: Give Details About Your Business or C	onnections to Any Business		
27.	Within 4 years before you filed for bankrupto  A sole proprietor or self-employed in  A member of a limited liability compa  A partner in a partnership  An officer, director, or managing exe	a trade, profession, or other activity, ny (LLC) or limited liability partnersh	either full-time or part	•
	An owner of at least 5% of the voting	or equity securities of a corporation		
	No. None of the above applies. Go to Pa	art 12.		
	Yes. Check all that apply above and fill i			
	Address	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identif Do not include S	ication number or ITIN.
			Dates business	
28.	Within 2 years before you filed for bankruptc; institutions, creditors, or other parties.	y, did you give a financial statement t	o anyone about your b	ousiness? Include all financial
	<ul><li>✓ No</li><li>Yes. Fill in the details below.</li></ul>			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

Debtor 1	Alex DeRosa			
Debtor 2	Jennifer DeRosa		Case number (if known)	8-16-73996
Part 12:	Sign Below			
I have rea	d the answers on this Statement	of Financial Affairs and any attachments, and	d I declare under pena	alty of perjury that the answers
		king a false statement, concealing property, o	•	property by fraud in connection
	NKTUPTCY case can result in tines §§ 152, 1341, 1519, and 3571.	up to \$250,000, or imprisonment for up to 20	years, or both.	
	, , ,			
Alex De	Rosa	Jennifer DeRosa		
Signature	e of Debtor 1	Signature of Debtor 2		
Date		Date		
Did you a	ttach additional pages to Your S	tatement of Financial Affairs for Individuals F	iling for Bankruptey ((	Official Form 107)?
<b>√</b> No	naon additional pages to 7 car of		mig for Barna aproy (	omolari omi rozy:
Yes				
	ay or agree to pay someone who	is not an attorney to help you fill out bankrup	otcy forms?	
<b>√</b> No				
Yes. N	ame of Person . Attach the	Bankruptcy Petition Preparer's Notice, Declaratio	n, and Signature (Offici	ial Form 119).

Fill in this inforr	Fill in this information to identify your case:										
Debtor 1	Alex DeRosa										
Debtor 2 (Spouse, if filing)	Jennifer DeRosa										
United States E	Bankruptcy Court for the: Eastern District of New York										
Case number (if known)	8-16-73996										

Chec	k as directed in lines 17 and 21:
	cording to the calculations required by this tement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
	4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		Debt	mn B or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	ommissio	ons (before all	\$	6,202.00	\$	2,752.00
<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly por you or your dependents, including child support from an unmarried partner, members of your househol and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. Net income from operating a business,	t. Includ d, your pouse d	de regular depende only if Col	r contributions nts, parents,	\$	0.00	\$	0.00
rofession, or farm	Debto						
ss receipts (before all deductions)	\$_	0.00					
inary and necessary operating expenses	<b>-</b> \$ _	0.00					
monthly income from a business, profession, or far	rm \$	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
let monthly income from rental or other real property	Φ _	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

ebtor ebtor		-	Case numbe	r (if known)	8-16-739	96	
			Column A Debtor 1		Column B Debtor 2 onon-filing	or	
7 I	Interest, dividends, and royalties		\$	0.00	\$	0.00	
	Unemployment compensation		\$	0.00	\$	0.00	
ı	Do not enter the amount if you contend that the amount received was a the Social Security Act. Instead, list it here:	benefit under	r				
	For you\$	0.00					
	For your spouse \$	0.00					
	Pension or retirement income. Do not include any amount received the benefit under the Social Security Act.	nat was a	\$	0.00	\$	0.00	
] ! (	Income from all other sources not listed above. Specify the source a Do not include any benefits received under the Social Security Act or pareceived as a victim of a war crime, a crime against humanity, or internation domestic terrorism. If necessary, list other sources on a separate page a total below.	ayments ational or	\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11. (	Calculate your total average monthly income. Add lines 2 through 10 each column. Then add the total for Column A to the total for Column B.	) for \$	6,202.00	+ \$_	2,752.00	= \$8	3,954.00
13. (	Copy your total average monthly income from line 11.  Calculate the marital adjustment. Check one:					\$8	,954.00
!	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
ı	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that wa dependents, such as payment of the spouse's tax liability or the spouse's tax li	ouse's suppo	ort of someon	e other th	an you or you	ur dependen	ts.
	adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	of income de	voted to each	i puipose	. II fiecessary	y, iist auditioi	iai
		\$					
		\$					
		+\$					
	Total	\$	0.0	0 Co	py here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$8	5,954.00
15.	Calculate your current monthly income for the year. Follow these	steps:					
	15a. Copy line 14 here=>					\$ 8	,954.00
	Multiply line 15a by 12 (the number of months in a year).					<b>x</b> 12	
	15b. The result is your current monthly income for the year for this pa	art of the form				\$107	,448.00

Debto Debto		Jennifer DeRosa		Case number (if known) 8	8-16-73996				
16.	Cal	culate the median family income that applies to yo	ou. Follow these ste	ps:					
	16a	. Fill in the state in which you live.	NY						
	16h	. Fill in the number of people in your household.	4						
		:. Fill in the median family income for your state and si			¢ 88,747.00				
	100	To find a list of applicable median income amounts, instructions for this form. This list may also be available.	go online using the		\$8,747.00				
17.	Hov	w do the lines compare?							
	17a	Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do No.							
	17b	Line 15b is more than line 16c. On the top o 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	lation of Your Disp						
Part	3:	Calculate Your Commitment Period Under 11 L	J.S.C. § 1325(b)(4)						
18.	Cop	py your total average monthly income from line 11	I <b>.</b>		\$8,954.00				
19.	con	duct the marital adjustment if it applies. If you are retend that calculating the commitment period under 11 use's income, copy the amount from line 13.	married, your spous U.S.C. § 1325(b)(4	e is not filing with you, and you ) allows you to deduct part of your					
		. If the marital adjustment does not apply, fill in 0 on li	ine 19a.		-\$0.00				
	19b	. Subtract line 19a from line 18.			\$8,954.00_				
20.	Cal	culate your current monthly income for the year.	Follow these steps:						
	20a	ı. Copy line 19b			\$8,954.00				
		Multiply by 12 (the number of months in a year).			<b>x</b> 12				
	20b	. The result is your current monthly income for the ye	ar for this part of the	eform	\$107,448.00_				
	20c	. Copy the median family income for your state and s	ize of household fro	m line 16c	\$ 88,747.00				
	21.	How do the lines compare?							
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the co	urt, on the top of page 1 of this form	n, check box 3, The commitment				
		■ Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4.	ess otherwise order	ed by the court, on the top of page	1 of this form, check box 4, The				
Part	4:	Sign Below							
	Ву	signing here, under penalty of perjury I declare that th	e information on thi	s statement and in any attachments	s is true and correct.				
Х	. /s	/ Alex DeRosa	X	/s/ Jennifer DeRosa					
•	Al	lex DeRosa		Jennifer DeRosa					
		gnature of Debtor 1		Signature of Debtor 2					
	Date	September 12, 2016 MM / DD / YYYY		Date September 12, 2016 MM / DD / YYYY					
	If yo	bu checked 17a, do NOT fill out or file Form 122C-2.		==					
		ou checked 17b, fill out Form 122C-2 and file it with th	nis form. On line 39	of that form, copy your current mon	thly income from line 14 above.				

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Alex DeRosa

Fill	in this info	ormation to iden	ntify your	case:													
Deb	otor 1	Alex DeRosa	1														
Deb	otor 2	Jennifer DeR	losa														
(Sp	ouse, if filin																
Uni	ted States I	Bankruptcy Court	for the:	Eastern [	District of	New Yor	rk										
		8-16-73996									☐ Che	ock if t	hic ic	an ame	andad	filing	
(If K	nown)											JUN II I	1113 13 (	an ann	silueu	illing	
Offic	ial Form 1	22C-2															
Ch	apter	13 Calcul	lation	of Y	our D	Dispo	sabl	le In	com	e							04/1
		form, you will ne Period (Official Fo			ed copy o	of Chapte	er 13 St	atemer	nt of You	ur Curre	nt Monti	hly Inc	ome a	nd Calc	culatio	n of	
spac	e is neede	e and accurate a ed, attach a sepa es, write your na	rate shee	et to this	form, Inc	clude the											nore
Par	t 1: Ca	Iculate Your Dec	ductions	from You	ır Income	е											
t	he questio	I Revenue Servions in lines 6-15. may also be ava	To find t	he IRS sta	andards,	, go onlir	ne using										
е	xpenses if	expense amounts they are higher th d do not deduct ar	an the sta	andards. [	Do not inc	clude any	operati	ng expe	enses th	at you sı	ubtracted	from i	ncome				
lf	your exper	nses differ from m	nonth to m	onth, ente	er the ave	erage exp	oense.										
Ν	lote: Line n	umbers 1-4 are n	ot used ir	this form	ı. These r	numbers a	apply to	informa	ation rec	quired by	a similar	r form ι	used in	chapte	r 7 cas	es.	
5	. The nu	mber of people	used in c	letermini	ng your o	deductio	ns from	n incon	ne								
	plus the	ne number of people number of any anber of people in	additional	depender										4			
N	lational Sta	andards	You mus	st use the	IRS Natio	onal Star	ndards to	o answ	er the qu	uestions	in lines 6	-7.					
6		clothing, and oth							in line 5	and the	IRS Natio	onal		\$		1,50	9.00
7	the doll people	pocket health ca ar amount for out who are 65 or old than this IRS amo	t-of-pocke derbeca	t health cause older	are. The people ha	number o ave a hig	of people her IRS	e is spli allowa	t into two	o catego	riespeo	ple who	o are u	nder 65	and		

Official Form 22C-2

btor 2		ennifer DeRosa			Case number (if ki	nown)	8-16-73996	
Peopl	le w	vho are under 65 years of age						
7	7a.	Out-of-pocket health care allowance per person	\$	54				
7	7b.	Number of people who are under 65	X	4				
7	7c.	<b>Subtotal.</b> Multiply line 7a by line 7b.	\$	216.00	Copy here=>	\$	216.00	
Peop	le w	ho are 65 years of age or older						
7	7d.	Out-of-pocket health care allowance per person	\$	130				
7	7e.	Number of people who are 65 or older	X	0				
7	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$	0.00	
7	7g.	Total. Add line 7c and line 7f		\$	216.00		Copy total here=>	\$\$
Local	Sta	andards You must use the IRS Local Standards to	answ	er the guestions in	lines 8-15			
Based	d oı	n information from the IRS, the U.S. Trustee Prog		·		for	housing for	
_	-	ing and utilities - Insurance and operating expens	242					
_		ing and utilities - Mortgage or rent expenses	303					
8. <b>F</b>	<b>Hou</b> n th	instructions for this form. This chart may also be using and utilities - Insurance and operating expete dollar amount listed for your county for insurance assing and utilities - Mortgage or rent expenses:	nses:	Using the number	of people you ente	ered	in line 5, fill \$_	793.00
9	9а.	Using the number of people you entered in line 5, fillisted for your county for mortgage or rent expenses		e dollar amount		\$	2,649.00	
ξ	9b.	Total average monthly payment for all mortgages a	nd othe	er debts secured b	y your home.			
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.						
		Name of the creditor		Average monthly payment				
		MTGLQ Investors, L.P.	(	2,746.0	0			
		9b. Total average monthly paymen	t S	2,746.0	Copy here=>	\$	2,746.00	Repeat this amount on line 33a.
ξ	Эс.	Net mortgage or rent expense.						
		Subtract line 9b (total average monthly payment) from		9a (mortgage	\$		0.00 Copy	\$ 0.00
		or rent expense). If this number is less than \$0, ent	σ. ψσ.					<u> </u>

Alex DeRosa

Debtor 1 Debtor 2	Alex DeRosa Jennifer DeRosa				Case number	(if known)	3-16-73996	
11.	Local transportation expense	s: Check the number of vehi	cles for whi	ch you claim	an ownersh	nip or operat	ing expense.	
	☐ 0. Go to line 14.							
	☐ 1. Go to line 12.							
	2 or more. Go to line 12.							
12.	<b>Vehicle operation expense:</b> U operating expenses, fill in the C							616.00
13.	Vehicle ownership or lease ex You may not claim the expense more than two vehicles.							
Vel	hicle 1 Describe Vehicle 1:	2003 Buick Century 80 title	,000 appr	ox. miles H	usband's	name on		
13a.	. Ownership or leasing costs usir	ig IRS Local Standard			\$	471.00	<del>-</del> I	
13b.	. Average monthly payment for a	II debts secured by Vehicle 1					_	
	Do not include costs for leased	•						
	To calculate the average month are contractually due to each se bankruptcy. Then divide by 60.				t			
	Name of each creditor fo	r Vehicle 1	Average payment	monthly t				
	Wells Fargo Dealer Sv	rcs.	\$	235.00				
	Total .	Average Monthly Payment	\$	235.00	Copy here =>	-\$ <b>2</b>	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or leas Subtract line 13b from line 13a.	•	), enter \$0.		. \$	236.00	Copy net Vehicle 1 expense here => \$	236.00
Vel	hicle 2 Describe Vehicle 2:	2015 GMC Acadia 9,00	0 approx.	miles				
13d.	. Ownership or leasing costs usir	ng IRS Local Standard			\$	471.00	<u> </u>	
13e.	. Average monthly payment for a leased vehicles.	II debts secured by Vehicle 2	2. Do not inc	clude costs for	r			
	Name of each creditor fo	r Vehicle 2	Average payment	monthly t				
	GM Financial Leasing		\$	360.00				
	Total	average monthly payment	\$	360.00	Copy here	360	Repeat this amount on line	
	. • • • • • • • • • • • • • • • • • • •	average merminy payment			=> -\$		33c.	
13f.	Net Vehicle 2 ownership or leas	se expense					Copy net	
	Subtract line 13e from line 13d.	if this number is less than \$0	), enter \$0.		\$	111.00	Vehicle 2 expense here => \$ _	111.00
14.	Public transportation expension Public Transportation expension						I in the	0.00
15.	Additional public transportati	ion expense, you may fill in v	vhat you be					0.00

Alex DeRosa

Debtor 1 Debtor 2 Alex DeRosa Jennifer DeRosa

Case number (if known)

8-16-73996

Oth	er Necessary Expenses	In addition to the expense of the following IRS categories		s listed above	, you are allowed your monthly expenses	for				
16.	self-employment taxes, soo your pay for these taxes. H	cial security taxes, and Media cowever, if you expect to rece com the total monthly amoun	care taxes eive a tax	. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	2,015.00			
17.		The total monthly payroll ded	uctions th	at your job re	quires, such as retirement	_				
	contributions, union dues, a		b. such as	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00			
18.	<b>Life Insurance:</b> The total r filing together, include payr	monthly premiums that you p ments that you make for you or life insurance on your depo	ay for you r spouse's	r own term life term life insu	e insurance. If two married people are	\$	0.00			
19.	Court-ordered payments: administrative agency, suc	: The total monthly amount the	payment	S.	by the order of a court or  You will list these obligations in line 35.	\$	0.00			
20.		ucation: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.								
	_						0.00			
		, , ,		•		\$_	0.00			
21.		<b>illdcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschenot include payments for any elementary or secondary school education.								
22.	Additional health care ex that is required for the heal by a health savings accoun		0.00							
		nce or health savings accou				\$	0.00			
20.	Optional telephone and to for you and your dependent phone service, to the extent income, if it is not reimburs. Do not include payments for expenses, such as those re-	+\$_	0.00							
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS expe	nse allow	vances.		\$	5,496.00			
Add	litional Expense Deduction	These are additional of Note: Do not include a								
25.					ises. The monthly expenses for health ly necessary for yourself, your spouse, o	r				
	Health insurance		\$	0.00						
	Disability insurance		\$	0.00						
	Health savings account	-	<b>-</b> \$	0.00	_					
	Total		\$	0.00	Copy total here=>	\$	0.00			
	Do you actually spend this  No. How much do y				_					
	Yes		\$							
26.	continue to pay for the reas your household or member	sonable and necessary care	and suppo no is unabl	ort of an elder le to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00			
~-	Protection against family	violence. The reasonably n								
27.					nses that you incur to maintain the es Act or other federal laws that apply.					

ebtor 1 ebtor 2	Alex DeRosa  Jennifer DeRosa	Case numb	er ( <i>if known</i> )	8-16	6-7399	6	
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and	operating	expens	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy costs incl nergy costs	uded in ex	rpenses	on line	Э	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show ary.	that the ac	dditional		\$	
		dren who are younger than 18. The monthly experendent children who are younger than 18 years o					
	You must give your case trustee document claimed is reasonable and necessary and it	ation of your actual expenses, and you must explain not already accounted for in lines 6-23.	n why the	amount	:		
	* Subject to adjustment on 4/01/19, and ev	ery 3 years after that for cases begun on or after the	e date of a	djustme	ent.	\$	·0
		the monthly amount by which your actual food and or allowances in the IRS National Standards. That ares in the IRS National Standards.					
		tional allowance, go online using the link specified in so be available at the bankruptcy clerk's office.	n the sepa	ırate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	
	Continuing charitable contributions. The instruments to a religious or charitable organization.	e amount that you will continue to contribute in the fanization. 11 U.S.C. § 548(d)(3) and (4).	orm of cas	sh or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	
	Add all of the additional expense deduc Add lines 25 through 31.	tions.				\$	0.0
Dedi	uctions for Debt Payment						
	reditor in the 60 months after you file for ba  Mortgages on your home	ent, add all amounts that are contractually due to e nkruptcy. Then divide by 60.	uon 300ui	cu			erage monthly
33a.	Copy line 9b here				=>	\$	2,746.00
	Loans on your first two vehicles					_	·
33b.	•				=>	\$	235.00
33c.					=>	* — \$	360.00
						*-	
33d. Nam	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	inc	es paym lude tax nsuranc	es		
				No			
	-NONE-		_ □	Yes		\$_	
				No			
				INO			
			_ □	Yes		\$_	
						\$_	
				Yes	+	\$_ \$_	

ebtor 1 ebtor 2		DeRosa lifer DeRosa			Cas	se number ( <i>if kno</i>	wn) <b>8-</b>	16-73996		
		debts that you listed in lir property necessary for yo				<b>)</b> ,				
	No.	Go to line 35.		-						
		State any amount that you listed in line 33, to keep po Next, divide by 60 and fill it	ossession of your property							
Name	of the	creditor	Identify property that se	cures the del	ot	Total cure a	nount		onthly	
-NOI	NE-				\$			÷ 60 = \$	nount	
								Сору		
					Total	\$	0.00	total	\$_	0.00
		owe any priority claims - s due as of the filing date o				nat				
	No.	Go to line 36.								
	Yes.	Fill in the total amount of a			de current or					
		ongoing priority claims, su	ch as those you listed in li			\$ 3	,262.32	÷ 60	¢	54.37
36 <b>P</b> ro	oiecte	d monthly Chapter 13 plan				\$	,202.02	00	Ψ_	
	•	nultiplier for your district as	• •	v the Admini	strative	<u> </u>		-		
Off	fice of	the United States Courts (fourtive Office for United State	or districts in Alabama and	North Carol	lina) or by	X				
To	find a li	st of district multipliers that incl	udes your district, go online us	sing the link sp	pecified in the	^				
sep	parate ir	nstructions for this form. This lis	it may also be available at the	bankruptcy c	етк ѕ опісе.			Copy tota		
Av	erage	monthly administrative expe	ense			\$		here=>	\$	
								_		2 225 27
		of the deductions for deb s 33e through 36.	t payment.						\$	3,395.37
Total [	Deduc	tions from Income								
38. <b>Ad</b>	dd all o	f the allowed deductions								
		e 24, All of the expenses a e allowances	llowed under IRS	\$	5,496.00	)				
С	opy lin	e 32, All of the additional e	xpense deductions	\$	0.00	)				
С	Copy lin	e 37, All of the deductions	for debt payment	. +\$	3,395.37	7				
T	otal de	ductions		\$	8,891.37	Copy to	al here=>	> :	\$	8,891.37

tor i	x DeRosa nifer DeRo	osa		Case	number (if know	<sub>(n)</sub> <u>8-16-7</u>	73996	
rt 2: De	etermine You	ur Disposable Income Under 11 U.S.0	C. § 1325(b)	)(2)				
		rent monthly income from line 14 of Current Monthly Income and Calcula				\$		8,954.00
childrer disability received	<ol> <li>The month payments for accordant</li> </ol>	oly necessary income you receive for ily average of any child support payment or a dependent child, reported in Part I ace with applicable nonbankruptcy law the cended for such child.	nts, foster ca of Form 122	are payments, or 2C-1, that you	\$	0.00		
employe in 11 U.S	er withheld fro S.C. § 541(b)	etirement deductions. The monthly to om wages as contributions for qualified h(7) plus all required repayments of loads. § 362(b)(19).	l retirement p	plans, as specified	\$	0.00	-	
2. Total of	all deduction	ons allowed under 11 U.S.C. § 707(b)	(2)(A). Copy	/ line 38 here=>	\$	8,891.37		
expense their exp	es and you had benses. You	ial circumstances. If special circumsta ave no reasonable alternative, describe must give your case trustee a detailed ocumentation for the expenses.	the special	circumstances and				
escribe th	e special ci	rcumstances		Amount of expen	ise			
				\$				
				\$				
				\$				
			Total \$_	0.00	Copy here=>\$		0.00	
4. Total ad	ljustments.	Add lines 40 through 43.		=> \$	8,89	1.37 Co	ppy re=> <b>-</b> \$	8,891.37
5. Calcula	te your mon	thly disposable income under § 132	<b>5(b)(2).</b> Sub	tract line 44 from lin	ne 39.		\$	62.63
6. <b>Change</b> have ch time you you filed	e in income of anged or are ar case will be If your petition	ome or Expenses  or expenses. If the income in Form 12: virtually certain to change after the date open, fill in the information below. For any check 122C-1 in the first column, ent in when the increase occurred, and fill	te you filed y r example, it ter line 2 in t	your bankruptcy peti f the wages reported he second column, o	ition and dur d increased a	ing the after		
orm	Line	Reason for change		Date of change	Increase		mount of chai	nge
l 122C-1 l 122C-2 l 122C-1 l 122C-2 l 122C-1 l 122C-2				-	☐ Incre ☐ Decre ☐ Incre ☐ Decre ☐ Incre ☐ Incre	ease \$ ase ease \$	-	

otor 1 otor 2	Jennifer DeRosa		Case number (if known)	8-16-73996
rt 4:	Sign Below			
В	y signing here, under penalty of perjury you o	declare that the information	on this statement and in any att	achments is true and correct.
	y signing here, under penalty of perjury you o		on this statement and in any att	achments is true and correct.
<b>X</b> _			•	achments is true and correct.
<b>X</b> _	/s/ Alex DeRosa		/s/ Jennifer DeRosa	achments is true and correct.
<b>X</b> _	/s/ Alex DeRosa Alex DeRosa	x	/s/ Jennifer DeRosa Jennifer DeRosa	achments is true and correct.

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Eastern District of New York

In re	Alex DeRosa  e Jennifer DeRosa		Case No.	8-16-73996
		Debtor(s)	Chapter	13
1.		COMPENSATION OF ATTORN		` ,
	compensation paid to me within one year be	fore the filing of the petition in bankruptcy, or a attemplation of or in connection with the bankrup	greed to be paid	to me, for services rendered or to
	For legal services, I have agreed to acco	*	\$	5,000.00
	Prior to the filing of this statement I have	ve received	\$	3,500.00
	Balance Due		\$	1,500.00
2.	The source of the compensation paid to me	was:		
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me	e is:		
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disc	closed compensation with any other person unle	ss they are memb	pers and associates of my law firm.
		ed compensation with a person or persons who a ist of the names of the people sharing in the com		
5.	In return for the above-disclosed fee, I have	agreed to render legal service for all aspects of	the bankruptcy c	ase, including:
	b. Preparation and filing of any petition, sol	on, and rendering advice to the debtor in determing hedules, statement of affairs and plan which may ng of creditors and confirmation hearing, and ar	y be required;	
	Negotiations with secured cre	editors to reduce to market value; exemp applications as needed; preparation and iens on household goods.		
6.	By agreement with the debtor(s), the above- Representation of the debtors any other adversary proceedi	disclosed fee does not include the following sers in any dischargeability actions, judicial ng.	vice: lien avoidance	es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete state bankruptcy proceeding.	tement of any agreement or arrangement for pay	ment to me for re	epresentation of the debtor(s) in
5	September 12, 2016	/s/ Alan Pressman		
1	Date	Alan Pressman Signature of Attorney		
		Alan Pressman, Atto	rney At Law	
		3100 Veterans Hwy.	-	
		Bohemia, NY 11716 631-234-3883		
		Name of law firm		